AMENDED IN ASSEMBLY AUGUST 25, 2005

AMENDED IN ASSEMBLY JUNE 28, 2005

AMENDED IN SENATE MAY 27, 2005

AMENDED IN SENATE APRIL 26, 2005

AMENDED IN SENATE APRIL 13, 2005

AMENDED IN SENATE MARCH 31, 2005

SENATE BILL

No. 869

Introduced by Senator Bowen (Coauthors: Senators Alquist and Kuehl)

(Coauthors: Assembly Members Jones and Ridley-Thomas)

February 22, 2005

An act to amend Sections 123485 and 123490 of, and to add Sections 123491 and 123516 to, the Health and Safety Code, relating to perinatal services, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 869, as amended, Bowen. Nurse-Family Partnership program.

Existing law provides for the implementation of a community-based system of perinatal care for eligible women and infants administered by the State Department of Health Services.

This bill would establish the Nurse-Family Partnership program, which would be administered and implemented by the department, for purposes of making grants to eligible participating counties for the provision of voluntary registered nurse home visiting services for expectant first-time low-income mothers, their children, and their families.

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This bill would appropriate from the Federal Trust Fund to the department the amount, if any, equal to any increase in the amount of federal Child Abuse Prevention and Treatment Act (CAPTA) dollars allocated to the state during the 2004-05 fiscal year, and any increase in the amount of dollars allocated to the state from this source in subsequent fiscal years over and above what was received by the state the previous fiscal year, for the purposes of this bill. The bill provide that the program would be implemented only to the extent that funds for this purpose are appropriated by the Legislature in the annual Budget Act or other statute and would authorize the department to allocate any moneys received for purposes of the Nurse-Family Partnership program to program grantees.

Vote: majority. Appropriation: yes *no*. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
- 3 (a) The Nurse-Family Partnership, which provides 4 educational, health and other resources to new mothers during pregnancy and the first two years of their child's life, has been proven through randomized clinical trial scientific research to 6 reduce significantly the amounts of drugs, including nicotine, and alcohol use and abuse by mothers, the occurrence of criminal and 9 delinquent activity committed by mothers and their children, and 10 the incidence of child abuse and neglect.
 - (b) The Nurse-Family Partnership has also been proven through this same research to reduce the number of subsequent births to participating mothers, increase the length of time between subsequent births, and reduce the mother's need for other forms of public assistance.
 - (c) The Nurse-Family Partnership has been proven to better prepare children to enter school.
- 18 (d) The Nurse-Family Partnership helps families become 19 economically self-sufficient by helping parents develop a vision 20 for their own future, plan future pregnancies, continue their 21 education, and locate and prepare for employment.
- SEC. 2. Section 123485 of the Health and Safety Code is amended to read:

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123485. The following definitions shall govern the construction of this article:

- (a) "Community-based comprehensive perinatal care" means a range of prenatal, delivery, postpartum, infant, and pediatric care services delivered in an urban community or neighborhood, rural area, city or county clinic, city or county health department, freestanding birth center, or other health care provider facility by health care practitioners trained in methods of preventing complications and problems during and after pregnancy, and in methods of educating pregnant women of these preventive measures, and who provide a continuous range of services. The health care practitioners shall, through a system of established linkages to other levels of care in the community, consult with, and, when appropriate, refer to, specialists.
- (b) "Low income" means all persons of childbearing age eligible for Medi-Cal benefits under Chapter 7 (commencing with Section 14000) and all persons eligible for public social services for which federal reimbursement is available, including potential recipients. "Potential recipients" shall include the pregnant woman and her infant in a family where current social, economic and health conditions of the family indicate that the family would likely become a recipient of financial assistance within the next five years.
- (c) "Prenatal care" means care received from conception until the completion of labor and delivery.
- (d) "Perinatal care" means care received from the time of conception through the first year after birth.
 - (e) "Program" means the Nurse-Family Partnership program.
- (f) "Qualified organization" means any nonprofit, not-for-profit, or for-profit corporation with demonstrated expertise in implementing the Nurse-Family Partnership or similar programs in different local settings.
- (g) "Qualified trainer" means anyone who has been certified by the Nurse-Family Partnership to provide training.
- (h) "State department" and "department" mean the State Department of Health Services, unless otherwise designated.
- SEC. 3. Section 123490 of the Health and Safety Code is amended to read:
- 39 123490. (a) The department shall develop and maintain a 40 statewide comprehensive community-based perinatal services

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program and enter into contracts, grants, or agreements with health care providers to deliver these services in a coordinated 3 effort to the extent permitted under federal law and regulation. 4 These contracts, grants, or agreements shall be made in medically 5 underserved areas or areas with demonstrated need. Nothing in this section shall be construed to prevent reallocation of resources or use of new moneys for the development of new 8 community-based comprehensive perinatal systems underserved areas or areas with demonstrated need, and 10 supplementation of systems already in existence.

- (b) The department shall develop a grant application and award grants on a competitive basis to counties for the startup, continuation, and expansion of the program described in Section 123491. To be eligible to receive a grant for purposes of that section, a county shall agree to all of the following:
- (1) Serve through the program only pregnant, low-income women who have had no previous live births. Notwithstanding subdivision (b) of Section 123485, women who are juvenile offenders or who are clients of the juvenile system shall be deemed eligible for services under the program.
- (2) Enroll women in the program while they are still pregnant, before the 28th week of gestation, and preferably before the 16th week of gestation, and continue those women in the program through the first two years of the child's life.
- (3) Use as home visitors only registered nurses who have been licensed in the state.
- (4) Have nurse home visitors undergo training *according to the program* and follow the home visit guidelines developed by the Nurse-Family Partnership.
- (5) Have nurse home visitors specially trained in prenatal care and early child development.
- (6) Have nurse home visitors follow a visit schedule keyed to the developmental stages of pregnancy and early childhood.
- (7) Ensure that, to the extent possible, services shall be rendered in a culturally and linguistically competent manner.
- (8) Limit a nurse home visitor's caseload to no more than 25 active families at any given time.
- 38 (9) Provide for every eight nurse home visitors a full-time 39 nurse supervisor who holds at least a bachelor's degree in

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nursing and has substantial experience in community health nursing.

- (10) Have nurse home visitors and nurse supervisors trained in effective home visitation techniques by qualified trainers.
- (11) Have nurse home visitors and nurse supervisors trained in the method of assessing early infant development and parent-child interaction known as the Nurse Child Assessment Satellite Training (NCAST) system. parent-child interaction in a manner consistent with the program.
- (12) Provide data on operations, results, and expenditures in the formats and with the frequencies specified by the department.
- (13) Collaborate with other home visiting and family support programs in the community to avoid duplication of services and complement and integrate with existing services to the extent practicable.
- (14) Demonstrate that adoption of the Nurse-Family Partnership is supported by a local governmental or government-affiliated community planning board, decisionmaking board, or advisory body responsible for assuring the availability of effective, coordinated services for families and children in the community.
- (15) Provide cash or in-kind matching funds in the amount of 50 percent of the grant award.
- (16) Prohibit the use of moneys received for the program as a match for grants currently administered by the department.
- (c) As a condition of receiving funds from the Maternal and Child Health program, contractors shall bill the Medi-Cal program for services provided to Medi-Cal recipients.
- (d) The department shall process, award, and monitor the delivery of services under contracts, grants, and agreements as provided in Section 123500.
- SEC. 4. Section 123491 is added to the Health and Safety Code, to read:
- 123491. (a) The Nurse-Family Partnership is hereby established as a voluntary nurse home visiting grant program for expectant first-time mothers, their children, and their families.
- (b) The goals and objectives of the Nurse-Family Partnership program shall be the same as, *but shall not be limited to*, those in the community-based comprehensive perinatal health care system as set forth in Section 123505.

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(c) The program established under this section shall be administered by the department and in accordance with subdivision (b) of Section 123490. The department shall promulgate regulations for the implementation of this section in accordance with Section 123516.

- SEC. 5. Section 123516 is added to the Health and Safety Code, to read:
- 123516. (a) The department shall monitor implementation by grantees of the Nurse-Family Partnership program established pursuant to Section 123491 to ensure that the program is implemented according to the requirements of that section and the regulations of the department.
- (b) The department, in consultation with the program administrators, may contract with one or more qualified organizations to assist the department in ensuring that grantees implement the program as established under Section 123491 and to conduct an annual evaluation of the implementation of the grant program on a statewide basis. The first evaluation shall be due 12 months after the award of grants pursuant to Section 123490.
- (c) (1) In conducting its monitoring and evaluation activities, the department shall be guided by program performance standards developed by the department in consultation with the Nurse-Family Partnership.
- (2) The department shall submit the results of each annual evaluation to the Governor and the appropriate policy and fiscal committees of each house of the Legislature.
- (3) The annual evaluation shall contain, but not be limited to, the extent to which each grantee participating in the program has done each of the following:
- (A) Recruited—and retained a population of low-income, first-time mothers.
- (B) Enrolled families early in pregnancy and followed them through the second birthday of the child.
- (C) Conducted visits that are of comparable frequency, duration, and content as those delivered in the randomized clinical trials of the program.
- (D) Assessed the health and well-being of the mothers and children enrolled in the program according to common indicators 40 of maternal, child, and family health.

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SEC. 6. (a) Notwithstanding Section 13340 of the Government Code, there is hereby appropriated, without regard to fiscal years, from the Federal Trust Fund, to the State Department of Health Services, the amount, if any, equal to any increase in the amount of federal Child Abuse Prevention and Treatment Act (CAPTA) dollars allocated to the state during the 2004-05 fiscal year, and any increase in the amount of dollars allocated to the state from this source in subsequent fiscal years over and above what was received by the state the previous fiscal year, for purposes of this act.

- (b) Funding for the Nurse-Family Partnership program established under Section 123491 of the Health and Safety Code shall not be limited to money received pursuant to subdivision (a). The department may allocate any moneys received for purposes of the program to program grantees.
- SEC. 6. (a) The Nurse-Family Partnership program, established in subdivisions (b) and (d) of Section 123490 of, and Sections 123491 and 123516 of, the Health and Safety Code, shall be implemented only to the extent that funds for this purpose are appropriated by the Legislature in the annual Budget Act or other statute.
- (b) The State Department of Health Services may allocate any money received for purposes of the program to program grantees.